



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (with the exception of omeprazole) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempted from the new requirements.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic available in at least one dosage form or strength. All covered OTC drugs and generic products, with the exception of generic omeprazole, are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.state.al.us.

Accolate	Crestor	Lotensin HCT*	Rozerem
Aceon	Daraprim	Lunesta	Serevent
Actos	Derma-Smoothe/FS	Mavik	Serevent Diskus
Actoplus Met	Desoxyn	Maxalt	Sinequan*
Adderall XR	Dexedrine*	Maxalt MLT	Singulair
Advair Diskus	Dexedrine Spansule*	Mefoxin*	Spiriva
Advair HFA	Diastat	Menest	SSD*
Advicor	Diovan	Metadate CD	SSD AF
Aerobid	Diovan HCT	Methylin*	Starlix
Aerobid-M	Diuril*	Metrogel Vaginal	Sular
Altace	Dynacirc CR	Micardis	Sumycin*
Alupent*	Edecrin	Micardis HCT	Surmontil
Ambien CR	Elestat	Mintezol	Symmetrel*
Amerge	E.E.S.*	Moduretic*	Teveten
Amoxil*	Eryc*	Mycostatin	Teveten HCT
Asmanex	EryPed	Nasonex	Tilade
Atrovent*	Eurax	Niacor	Tyzine
Augmentin XR	Exelon	Niaspan	Uniretic
Avalide	Flovent HFA	Nitro-Bid	Univasc
Avandaryl	Focalin	Nitrostat*	Valtrex
Avandamet	Focalin XR	Norpac*	Ventolin HFA*
Avandia	Foscavir	Norpac CR*	Xenaderm
Avapro	Fulvicin U/F	Optivar	Xopenex HFA
Axert	Glyset	Patanol	Zaditor
Azmacort	Granulex Spray	Paxil CR	Zegerid
Bactocill*	Gris-Peg	PCE	Zithromax*
Benicar	Humalog	Pegasys	Zmax
Benicar HCT	Hyzaar	Periostat	Zovirax*
Brethine*	Imitrex	Pexeva	
Capex Shampoo	Isordil*	Premarin (tabs only)	
Capitrol Shampoo	Lanoxicaps	Pronestyl SR*	
Cedax	Lasix*	Protonix	
Cenestin	Lescol	Proventil HFA	
Cleocin*	Lescol XL	Prudoxin	
Concerta	Lexapro	QVAR	
Coreg	Lipitor	Ritalin*	
Cozaar	Lorabid	Roferon-A	